## **Alaska Fisheries Business Monthly Payment and Report** Form 04-568

Remit Payment To: Department of Revenue Tax Division PO Box 110420 Juneau AK 99811-0420

DEPARTMENT USE ONLY

PMD:

This form is available online at www.tax.state.ak.us

Month	
2004	

For use by fisheries businesses electing a monthly payment option under AS 43.75.

(Requires posting of a \$50,000 bond or demonstration of \$100,000 equity in real property within the state.)

Due: 15th day of the month following month of activity. Federal EIN or SSN Fisheries Business License Number Individual or Corporation Name Facility Location or Vessel Name Business Name Telephone Number Mailing Address Fax Number City Zip Code E-mail Address Contact Person **Fisheries** Salmon Salmon **Business Tax** Marketing Tax Value Enhancement Pounds Rate (FBT) Tax (SET) (SMT) 1% SALMON CANNERY 4.5% SHORE BASED Salmon 3% Other Established 3% Other Developing 1% **FLOATING** Salmon 5% Other Established 5% Other Developing 3% +|B 1. Calculate totals in FBT, SET and SMT columns 2. ASMI Seafood Marketing assessment (multiply box A X .03) 3. Subtotal FBT, SET and SMT (add boxes A,B,&C) -4. Total monthly payment due (add line 2 and 3) -Note: If liability exceeds \$150,000, you must use Electronic Funds Transfer (EFT) or wire transfer funds. Check if remitting by: Wire Transfer/Wire Date\_ EFT Receipt Number\_ To avoid wire transfer fees, sign up for Alaska EFT Program, known as ASAP, at www.tax.state.ak.us/forms.asp or call for information. I declare under penalty of unsworn falsification that the information provided in this return has been reviewed by me, and to the best of my knowledge and belief is true, correct, and complete. I understand that the failure to pay all amounts required under AS 43.75.055(c) may result in the suspension of this fisheries business license and termination of security under this monthly payment option. Signature of Taxpayer or Authorized Officer Type or Print Name Date

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VALIDATION